

Under the Paperwork Reduction Act of 1986, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Substitute for Form PTO-875Application or Docket Number  
**10-604,651****APPLICATION AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(e), (l), or (c))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(l))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	
APPLICATION SIZE FEE (37 CFR 1.16(n))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

\* If the difference in column 1 is less than zero, enter '0' in column 2

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE (\$)	FEES (\$)
X =	
X =	

RATE (\$)	FEES (\$)
X =	
X =	

TOTAL

TOTAL

**APPLICATION AS AMENDED - PART II***1/2/06*

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(l))	30	Minus	39	=
Independent (37 CFR 1.16(h))	2	Minus	3	=
Application Size Fee (37 CFR 1.16(s))				

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	

TOTAL  
ADD'L FEE

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	

AMENDMENT B

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(l))		Minus	**	=
Independent (37 CFR 1.16(h))		Minus	***	=
Application Size Fee (37 CFR 1.16(s))				

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	

TOTAL  
ADD'L FEE

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	

\* If the entry in column 1 is less than the entry in column 3, write '0' in column 2.

\*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter 20.

\*\*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter 3.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in columns 1 and 3.

This collection of information is required by 37 CFR 1.16. The information is required to obtain a benefit by the filing of a patent application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. The examiner is estimated to need 30 minutes to complete this collection of information. This estimate is dependent upon the complexity of the application. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden should be sent to the Commissioner of Patents and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DRAFTING FEES OR COPIED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 or 703-305-9199.